ENTRY BLANK
PLEASE TYPE OR PRINT
☐ Ms. ☐ Mr. Artist MICHAEL MCMANUS (Last Name Last)
Permanent 1514 LEWIS DR. LAKEWOOD
44/07 Tel.() 226-5520
Zip Area Code Temporary Address
Street
Tel. ()
Zip Area Code
Permanent address is in what county?
Born in Cuyahoga County Yes No
Collaborator(If Any)
If extries are not accepted or not sold:
Artist will pick up entries at Museum.
☐ Museum should dispose of entries.
☐ Museum should ship entries to artist C.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM
YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Michael MManus

ENTRY BLANKS						
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